Effectiv October 1, 2001												
		CLAIMS A	S FILED - PART I (Column 1) (C			mn 2)	SMALL E		OR	OTHER THAN SMALL ENTITY		
TOTAL CLAIMS							RATE .	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		BASIC FEE	370 00	OR	BASIC FEE	740 00	
TOTAL CHARGEABLE CLAIMS			Califolius 20a				<b>X\$</b> 9	<u> </u>	OR	X\$18		
INDEPENDENT CLAIMS			minus 3 r				X42		OR	X84.		
MULTIPLE DEPENDENT CLAIM PRESENT							1140=		OR	· 280=		
• If the difference in column 1 is less than zero, enter "0" in column 2						TOTAL		OR	TOTAL			
/:•		LAIMS AS A		- PAR (Colu	T    mn 2)	(Column 3)	SMALL	ENTITY ADDI-	OR I	OTHER SMALL		
		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI PAID	BER	PRESENT EXTRA	RATE	TIONAL FEE		RATE	TIONAL	
Total Indep		. 32	Minus	2	31	=	X\$ 9=	950	OR	X\$18=		
Indep	endent	. 3	Minus	***	3		X42=		OR	X84=		
FIRST	r PRESE	NTATION OF MI	JLTIPLE DEF	PENDEN	T CLAIM		+140=		OR	+280=	0	
							TOTAL		OR	TOTAL ADDIT. FEE		
ADMI. FEE												
		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		PREVI	KEST IBER	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONA FEE	
Total Indep		· 31	Minus		32	. —	X\$ 9=		OR	X\$18=		
Indep	endent	. 34	Minus	***	33	=	X42=		OR	X84=		
FIRST	PRESE	NTATION OF MU	JUTIPLE DEF	PENDEN	TCLAIM	<u> </u>	+140=		OR	+280=		
							TOTAL ADDIT, FEE		OH	ADDIT. FEE		
		(Column 1)			mn 2)	(Column 3)			7		ADD	
		CLAIMS REMAINING AFTER AMENDMENT		NUN PREVI	HEST MBER IOUSLY O FOR	PRESENT EXTRA	RATE	ADDI- TIONAL : FEE		RATE	TION	
Total Indep		· 31	Minus	3	32		X\$ 9≒	- - - : ::-:-::	OF	X\$18=		
Indep	endent	• 3	Minus	***	3	1	X42=		OF	X84≡	-	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		OR		J	
										TOTA		

"If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

ADDIT. FEE

The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

FORM PTO-675 (Rev. 6/01)

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DATENT	APPLICATION	FEE DETERM	NOTANI	RECORD
FAILNI	AFFLIVATION			

Effective October 1, 2000

Application or Docket Number									
510015-272									

CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN												
		CLAINS AS	(Column 1)					SMALL ENTITY TYPE   TYPE		OR	OTHER THA OR SMALL ENTI	
TOTAL CLAIMS			31				RA	ΤE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		BASIC	FEE	355.00	OR	BASIC FEE	710.00
то	TAL CHARGEA	BLE CLAIMS	3 / minus 20=		* (1		X\$	9=	99	OR	X\$18=	4, 9,
INDEPENDENT CLAIMS			3 minus 3 = * く			)	X4	0=	,	OR	X80=	
MULTIPLE DEPENDENT CLAIM PRESEN							+13	5=		OR	+270=	
* If the difference in column 1 is less than zero, enter "0" in column 2						olumn 2	TOT		454	OR	TOTAL	1785 1007 (1787)
CLAIMS AS AMENDED - PART II						OTHER THAN						
		(Column 1) CLAIMS		(Colu		(Column 3)	21/1	ALL I		OR I !	SIVIALL	
NT A	46	REMAINING AFTER		NUM PREVI	BER OUSLY	PRESENT EXTRA	RA	TE :	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**	FOR	=	X\$	9=	PEE	OR	X\$18=	FEE 3
MEN	Independent	*	Minus	***		=	X4			OR	X80=	
<b>△</b>	FIRST PRESE	NTATION OF M	ULTIPLE DEP	'ENDEN	T CLAIM						<u> </u>	Section 1
	<del></del>						+13			OR	+270=	
								STAL. FEE	, ,	OR	TOTAL ADDIT. FEE	
		(Column 1)			mn 2)	(Column 3)		. 24		* 1.56 ≥50 - 1.	eje ji take i s <u>Le se ji ke je</u>	e a merendad. Le gran name
В		CLAIMS REMAINING		NUM	HEST MBER	PRESENT			ADDI-		5.75	ADDI-
E I		AFTER AMENDMENT			OUSLY FOR	EXTRA	RA	1 E	TIONAL FEE	* · · · .	RATE	TIONAL
AMENDMENT	Total	*	Minus	**		=	X\$	9=	+ 1 / F	OR	X\$18=	
AME	Independent	*	Minus	***	: Alba	=	X4	0=		OR	X80=	in in the second
	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PNDEN	TCLAIM		+13	35=		OR	+270=	
							T ADDIT	OTAL FEE		OR	TOTAL ADDIT, FEE	e grade property from
	• .	(Column 1)			ımn 2)	(Column 3)	• •		3		,	***
AMENDMENT C		CLAIMS REMAINING AFTER		NUN	HEST MBER IOUSLY	PRESENT EXTRA	RA	TE	ADDI- TIONAL		RATE	ADDI- TIONAL
WE WE		AMENDMENT		PAIC	FOR				FEE	. "		FEE
	Total	*	Minus	**		=	X\$	9=_		OR	X\$18=	
WW W	Independ nt	*	Minus	***		-	X4	0=		OR	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								35=		1	070	
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+270=	
**	If the "Highest Nu	mber Previously F	Paid For" IN THI	S SPACE	is less tha	an 20, enter "20."	ADDIT	OTAL FEE		OR	TOTAL ADDIT. FEE	
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												